2005-2006 APPLICATION CHECKLIST
SDFS PROGRAM – "PRINCIPLES OF EFFECTIVENESS" must be applied

Application Materials Needed	2005-2006 – APPLICATION REPORT *(Complete both State and Federal – complete only the **SHADED COLUMNS** indicating programs, services and grade level.)*
Cover Sheet	**Complete ALL of Cover Sheet** ❑ **Include all updated current information pertaining to SDFS Coordinator and/or Contact Person** ❑ Signature of Superintendent – 2005-2006 Grant Application cover page bottom **left-hand side only.**
Assurances **Advisory Board Private/Charter Schools**	❑ Assurances – Superintendents signature and date on bottom of page ❑ Research Based Program Assurance signed and dated by superintendent and SDFS Coord. ❑ Advisory (Board) Council (Names of Members and Affiliations – Parent is required) ❑ Private/Charter Schools – List schools plus Sample/Copy of letter of notification (Asterisk those who have elected to participate) Sample letter is included in application. Letter must be sent annually by certified mail to all private schools and **charter schools not funded directly by SDFS** in the district.
SDFS Program Inventory Risk & Protective Factors/ Assets And Community Resource Workers Requirements	❑ Please read completely the "SDE Program Inventory Information/Directions" page ❑ Review Guidelines – "Principles of Effectiveness" ❑ If participating, please read Community Resource Workers (CWR) Requirements page ❑ List all components of your SDFS program in the appropriate space even if funding this year is not budgeted for it. (Inventory page 1) ❑ Indicate focus area and grade level ❑ List Budget Pages where they are found in the Application. ❑ *Write Code # for Risk/Protective Factors and Assets for individual components addressed, (Inventory page 2)*
Goals and Objectives	❑ Goal(s) based on needs assessments make sure and state what assessment(s) was used. ❑ Complete all shaded columns (Columns 1-6 only) Do not complete Column 7 ❑ Activities/Programs listed must be stated in the Program Inventory, Page one ❑ All budgeted items must be shown in budget column for activity on goal page (Column 6) ❑ If participating in CRW, complete goal and objective page for District **Community Resource Workers**
BUDGET FORMS 1-13 **On-line process, complete and make hard copy**	❑ **Forms 1-13 -- Required Information** will be able to do on-line, use coordinator password, complete, save & make a copy,& attached to application. ❑ Fill in state and federal allocated amounts in upper right hand corner **(Do not include carryover)** ❑ Complete shaded columns only ❑ **Staff - Attach statement of job responsibilities for each staff member listed** ❑ A complete **job description is required** for any SRO, CRW, and SDFS Coordinators funded by SDFS ❑ Budgeted items on pages must include and cross reference items shown on Goals and Objectives pages ❑ Form 13 – Budget only the 2005-2006 allocation--**do not include carryover, complete on line** ❑ Individual budget page totals (1-11) should equal category totals shown on Summary Form 13
14 **Drug Testing**	❑ Fill out top of page – make sure to list contact person in charge of Drug Testing Program ❑ If No, please check and submit form with Application ❑ If Yes, complete shaded columns only to bottom of page (Evaluation) and submit form with Application

Submit all of the above items with your Application

※ **Please make copy of the entire completed Application for your files prior to submitting to the SDFS Office** ※

Note: Form 15 – Revised Budget is included for any budget category changes during the year

District SAP Tracking Forms 16, 16A, 16B, and 16C, are Forms that need to be submitted as part of your evaluation packet.

16D is the Community Resource Worker Referral Evaluation Tracking Form

17A, 17B and 17C are SAP Student Surveys that need to be distributed at the beginning of the school year to the responsible person in each building. These are for the referred students to complete at the end of a session.

Incident Tracking Forms #18-21A need to be distributed at the beginning of the school year to the responsible person in each building. Tracking will need to be done throughout the year. A number of tracking programs may be used as long as all the incidents found on the hard copy are being tracked. A SDFS web-based program is available on the Department's web site and can be used throughout the year.

At the end of the school year, each building will have to input their data into this web-based program. This will be the only way to submit SDFS incident tracking data for the 2005-06 year-end evaluation requirements. Each building principal will use their **accreditation password** to access the data website and each SDFS coordinator will also received a **password**, but only to view data. Directions will follow and will be posted on the website at the beginning of the school year.

WEB BASED INCIDENT TRACKING FORMS: #18 - 21-B

At the end of the school year, each building will have to input their data into the web-based program. This will be the only way to submit SDFS incident tracing data for the 2005-06 year-end evaluation requirements.

Login

1. On the Internet, go to the Idaho State Department of Education's Safe and Drug Free Schools web-based incident tracking system at
   http://www.sde.state.id.us/Safe/SDFSTracking/

2. Click on the appropriate application link. The **Login Screen** appears. Select **District** and then **School** from the list, and then enter the assigned **Password** (*principal's school accreditation password*)

3. SDFS Coordinators will have a unique password to <u>only view the data</u>.

4. A blank copy of the Tracking Forms can be downloaded from the Login page along with instructions for completion.

5. *For technical problems or password needs, contact the Webmaster at* *webmaster@sde.state.id.us*

6. *For all other questions or needs, contact sdfsincident@sde.state.id.us*

Deadline for Final Submit is the third Friday of June.

After successfully submitting the incident forms using the "Final Submit" link, the School needs to download and send the **Signed Assurance Page** to the district Safe and Drug-Free Schools coordinator. **All schools' assurance pages** must be included in the program evaluation packet that is mailed into the state SDFS office.

IDAHO DEPARTMENT OF EDUCATION
Safe and Drug-Free Schools
2005-2006 State and Federal Grant Application/Evaluation

(Please staple this cover sheet to your Application before mailing)

SDFS Coordinator (or grant writer) for 2005-2006, <u>please complete</u> below information.

SDFS Coordinator: _____

District & Number: _____

Address: _____

City: _____   State: **ID**   Zip: _____

School Phone #: _____   School Fax #: _____

School Email Address: _____

Summer Phone #: _____   Summer Email Address: _____

Please complete boxes below for SDFS Grant summer contact if different from above information, or if applicable, the new 2005-06 SDFS Coordinator information.

	Summer SDFS Contact Info	*New SDFS Coordinator Info for 2005-06*
Contact Person		
School Phone Number Home/Work Phone Number		
School Fax Number Home/Work Fax Number		
Summer *e-mail address (if any)*		

This application is for: (Please check)

_____ Federal Title IV Funds

_____ State Tobacco Funds

_____ Do not wish to apply for funds.

State Allocation: $ _____

Federal Allocation: $ _____
Funding is dependent on receipt of final federal appropriation

_____
Superintendent Signature *(Application)*

Date_____

_____
Superintendent Signature *(Evaluation)*

Date_____

DEADLINE: June 17, 2005
Mail completed document to:
Claudia Hasselquist, Coordinator   P. O. Box 83720
Safe and Drug-Free Schools   Boise ID 83720-0027
State Department of Education   Phone: 208-332-6960
Fax: 208-334-2229
http://www.sde.state.id.us/Safe/Grants

TITLE IV SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES ASSURANCE PAGE

THE APPLYING SCHOOL DISTRICT HEREBY ASSURES THAT:

1.   This application was developed "through timely and meaningful consultation with state and local government representatives, representatives of schools to be served (including private schools), teachers and other staff, parents, students, community-based organizations, and others with relevant and demonstrated expertise in drug and violence prevention activities (such as medical, mental health, and law enforcement professionals.)";

2.   **"On an ongoing basis, the local educational agency (LEA) shall consult with such representatives and organizations in order to seek advice regarding how best to coordinate such agency's activities under this subpart with other related strategies, programs, and activities being conducted in the community";**

3.   At the initial stages of design and development of a program or activity, the LEA shall consult with appropriate entities and persons on issues regarding the design and development of the program or activity, including efforts to meet the principles of effectiveness described in section 4115 (a), NCLB;

        Activities or programs to be funded comply with the principles of effectiveness (described in section 4115(a)) and foster a safe and drug-free learning environment that supports academic achievement;

4.   **The local education agency (LEA) provides age appropriate, comprehensive drug and violence prevention education in each grade level served (from early childhood through grade 12);**

5.   The LEA program is designed "for all students and employees, to --
        (A)   prevent the use, possession, and distribution of tobacco, alcohol, and illegal drugs by students and to prevent the illegal use, possession, and distribution of such substances by employees;
        (B)   prevent violence and promote school safety; and recognize and resist pressures to experiment that influence such children to use controlled substances or alcohol; and
        (C)   create a disciplined environment conducive to learning."

6.   The LEA program will include activities to promote the involvement of parents, and coordination with community groups and agencies, including the distribution of information about the local educational agency's needs, goals, and programs ;

7.   Any materials produced or distributed with funds made available under this grant shall reflect the clear and consistent message that acts of violence and the illegal use of drugs are wrong and harmful.

8.   The applicant will provide training for teachers and other personnel involved in the implementation of programs.

9.   The application and any waiver request under section 4115(a)(3) will be available for public review after submission of the application;

10.   Funds under this Act will be used to **supplement** and, to the extent practical, increase the level of state and local funds available for alcohol and drug abuse education, and in no case **supplant** such funds.

11.   The applicant has (or the schools to be served have) a plan for keeping schools safe and drug-free that includes –
        (A)   appropriate and effective school discipline policies that prohibit disorderly conduct, the illegal possession of weapons, and the illegal use, possession, distribution, and sale of tobacco, alcohol and other drugs by students;
        (B)   security procedures at school and while students are on the way to and from school;
        (C)   prevention activities that are designed to create and maintain safe, disciplined, and drug-free environments;
        (D)   a crisis management plan for responding to violent or traumatic incidents on school grounds; and
        (E)   a code of conduct policy for all students that clearly states the responsibilities of students, teachers, and administrators in maintaining a classroom environment that addresses the issues outlined in Title IV, Section 4114 (E)(1)through (V);

12.   The applicant will comply with all provisions of Title IV (Safe and Drug-Free Schools and Communities) of No Child Left Behind of 2001, and applicable regulations, policies and administrative guidelines;

13.   The applicant agrees to keep such records and provide such information to the Department of Education as reasonably may be required for fiscal audit and program evaluation purposes.

14.   Public and non-public school personnel and community members have equal opportunity to participate in approved programs as provided by the Law.

15.   All requirements for both Department of H&W Children and Family Services, and Department of Education, SDFS Program will be meant for funding of Community Resource Workers (CRW) to be provided.

        These Assurances reflect current statute (required by Title IV, Safe and Drug-Free Schools and Communities, within Improving America's Schools Act of 1994 (P.L. 103-382)). Should statute changes occur, further assurances may be required.

_____   _____
Signature of authorized representative designated by LEA Board of Education   Date

ASSURANCE: USE OF RESEARCH-BASED PROGRAMS
TITLE IV, PART A: SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES
2005-2006 School Year
Idaho Prevention Programs Implement Risk And Protective Factor As Strategies
For Meeting The Research-Based Requirement.

_____
LEA

_____   _____
Person completing form   Date

SCIENTIFIC RESEARCH-BASED RISK AND PROTECTIVE FACTORS

Source: National Institute on Drug Abuse. Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for the Community (1997)

In more than 20 years of drug abuse research, the National Institute on Drug Abuse (NIDA) has identified important principles for prevention programs in the family, school, and community. Prevention programs often are designed to enhance "protective factor" and to reduce "risk factors." Protective factors are those associated with reduced potential for drug use. Risk factors are those that make drug use more likely. Research has shown that many of the same factors apply to other behaviors such as youth violence, delinquency, school dropout, risky sexual behaviors, and teen pregnancy.

Idaho school district prevention programs are designed to enhance "protective factors" and move toward reversing or reducing known "risk factors."

• Protective factors include strong and positive bonds within a pro-social family; parental monitoring; clear rules of conduct that are consistently enforced within the family; involvement of parents in the live of their children; success in school performance; strong bonds with other pro-social institutions such as school and religious organizations; and adoption of conventional norms about drug use.
• Risk factors include chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting especially with children with difficult temperaments or conduct disorders; lack of mutual attachments and nurturing; inappropriately shy or aggressive behavior in the classroom; failure in school performance; poor social coping skills; affiliations with deviant peers or peers displaying deviant behaviors; and perceptions of approval of drug-using behavior in family, work, school, peer, and community environments.

Attached is the Risk and Protective Factors Table indicating the domains and strategies implemented in the district comprehensive prevention program approach.

_____   Date_____
Superintendent

ADVISORY COUNCIL MEMBERSHIP
Safe and Drug-Free Schools
(Section 4114.Local Application – HR 1-318)

A local advisory council **must be established**, *with mandatory parent representation,* and membership should include to the greatest extent possible, individuals such as teachers, students, representatives of state and local governments, business persons, medical professionals, law enforcement, community-based organizations, and other groups with interest and expertise in the field of drug abuse education and prevention.

The role of the local advisory council includes assisting the LEA in developing its application for SDFSC Act funds, disseminating information about the drug and violence prevention programs and activities conducted by the LEA, advising the LEA on coordination of program efforts with relevant agencies, reviewing program evaluation material and information, and making recommendations for improving the local drug and violence prevention program.

NAME	AGENCY/GROUP REPRESENTED

EVALUATION REPORT *(End of year only)* *Please list the dates that the Advisory Board met and attach the Minutes of each meeting.)*	
Dates of Meetings	*Minutes Included (please check)*

Private Schools

Please furnish a listing of all private schools located in your LEA with an asterisk beside the name of those who have elected to participate in the Safe and Drug-Free Schools and Community Act Program. (Please refer to the copy of the "*Idaho Educational Directory*")

The Education Department General Administrative Regulations (EDGAR), Section 76-656, requires:

Please address all of the below requirements on Budget Form 7.B in your grant application entitled, "Services to Children in Private Schools."

A. A description of how the applicant will meet the federal requirements for participation of students enrolled in private schools.

B. The number of students enrolled in private schools who have been identified as eligible for benefits under the program.

C. The number of students enrolled in private schools who will require benefits under the program.

D. The basis the applicant used to select the students.

E. The manner and extent to which the applicant complied with the consultation requirements listed in Section 76.652 of EDGAR.

F. The places and times that the students will receive benefits under the program.

G. The differences, if any, between the program benefits the applicant will provide to public and private school students and the reasons for the differences.

- **Application/Evaluation Document Retention**
- **In the event that the private school(s) elects not to participate:**
- **Please provide a copy of documentation that the LEA has made them aware of their eligibility to receive services under the Act and their response.**
- **Letter must be sent annually by certified mail to each private school.**
- **Remember to retain a copy of these letters and receipts on file for audit purposes**

SDFS SAMPLE LETTER to private schools and charter schools not funded by SDFS.

Date

-Contact Name-
-School Name-
-Street Address-
-City, State, Zip-

Dear

This letter is to advise you that, in accordance with Title IV – 21st Century Schools, part A – Safe and Drug-Free Schools and Communities, Subpart I, your school is <u>eligible</u> to participate in prevention program services offered in public schools that are provided by the Safe and Drug-Free Schools and Communities Act funded by the Title IV federal program.

	Yes	No
Please indicate if you are interested in participating in the district's Safe and Drug-Free Schools Program.	____	____

Fall Enrollment 2005-06 _____

Please submit back to this office by _____.

If you have any questions, please contact _____
                                        Phone: _____
                                        Email: _____

Sincerely,

NOTE: *Letter needs to be sent annually by certified mail to each private/charter school.*

SDFS Program Inventory Information/Directions
2005-2006

Principles of Effectiveness Guidelines

The district K-12 SDFS program needs to be comprehensive covering tobacco, alcohol, other drugs and violence prevention. Program accountability must follow the required Principles of Effectiveness listed below:

1) Based on an assessment of objective data about the drug and violence problems in the schools and communities that are served.
2) Based on performance measures aimed at ensuring that these schools and communities have a safe, orderly, and drug-free learning environment.
3) Grounded in scientifically-based research that provides the program to be used will reduce violence and illegal drug use.
4) Based on analysis of prevalence of "risk factors, protective factors, buffers, assets, or other variables," identified through scientifically-based research that exists in the schools and communities in the State.
5) Include consultation with and input from parents. (Parent on SDFS Advisory Board)
6) Evaluated periodically against locally selected performance measures, and modified over time (based on the evaluation) to refine, improve, and strengthen the program.

SDFS programs, activities, and services implemented by the districts have risk and protective factors and developmental assets incorporated into them but have not been specifically identified.

Protective Factors, and Developmental Assets: means any one of a number of the community, school, family, or peer-individual domains that are known, through prospective, longitudinal research efforts, or which are grounded in a well-established theoretical model of prevention, and have been shown to prevent alcohol, tobacco, or illegal drug use, as well as violent behavior by youth in the community, and which promote positive youth development.

Risk Factors: means any one of a number of characteristics of the community, school, family, or peer-individual domains that are known through prospective longitudinal research efforts to be predictive of alcohol, and illegal drug use, as well as violent behavior by youth in the school and community.

The following SDFS program inventory is **crucial in meeting the grant application requirement for principles of effectiveness 3 & 4.**

Inventory page 1: List in the designated areas everything that makes up your comprehensive program, it is divided into three areas: Curriculum, Program/Activities and Services. List components even if they are not funded this year. Indicate grade level and from the SDFS Application, provide budget form page number of where component is listed.

Inventory page 2: For each component listed there is a code number assigned to that line, you will write that code number (from the first page) in each column(s) under risk/protective factors and developmental assets that are addresses.

This inventory will give you a total picture of your district's SDFS program. Using information along with your needs assessments, you will be able to write your goals and measurable objectives structuring a comprehensive program.

Thank you for all your time and efforts in completing this very important inventory.

Safe and Drug-Free Schools Program

Community Resource Workers (CWR) Requirements

This is an information sheet to help explain about the Public Schools Appropriation Bill 1224 – 2005 concerning the Safe and Drug-Free Schools Program. The intent language states "funds shall be used either to fund Idaho Safe and Drug-Free Schools Program or to defray the cost of community resource workers, or both, at the discretion of the school district board of trustees."

This program's resources are to be expended on families with children age 3 years to grade 6. No more than ten percent of the school(s) accepted referrals may be for families with children older than grade 6.

A contract between the Department of Health and Welfare, Children and Family Services, i.e. Emergency Assistance to Families, EA. and the school district (contractor) is required.

Contract sample:
METHOD OF MONITORING:

    I. The **District** must provide:
- a)   written job description
- b)   copy of district/employee contract
- c)   district mileage policy
- d)   employee educational and licensure credentials
- e)   document that the employee successfully completed fingerprinting and criminal history check
- f)   work space including an area suitable to meet family members and make phone calls in a confidential manner
- e)   salary worksheet indicating number of days to be paid, total cost of wages and benefits

    Items listed in **METHOD OF MONITORING**,

    II.   The **District** must provide:
- a)   data sheet for each referral
- b)   signed Emergency Assistance (EA) application indicating family income
- c)   indication of age or grade level of child on the data sheet
- d)   indication of the primary care giver on the data sheet
- e)   closure sheet at completion of services to EA financial and non-financial cases

    III.   The **District** will develop and provide a written screening policy or protocol which is consistent with the data sheets submitted monthly on families accepted for referral.

    IV.   Review is conducted at monthly consultation meeting and through submission of data sheets, EA applications and service plans which meet standards.

Workload standards for a full-time social worker are 10-14 cases at any one time with approximately 50% of time spent in direct client contact.

The goal for Safe and Drug-Free schools Program is to provide a comprehensive approach for prevention serving all students.

District Name	Dist #	List pertinent items in each area even if no funds are being spent in this year's budget	Focus Areas				Grade Level					Budget #
Curriculum/ Courses Use Code #1-19	**Code #**	**List Name of Curriculum/Course**	Alcohol/Tobacco Other Drugs ATOD	Violence	Life Skills	Character Ed	Elementary	Jr/Middle	High School	Alt School	Parent	Found on Budget Form Pg #
Classroom Instruction Lessons	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											
	13											
	14											
	15											
	16											
	17											
	18											
	19											
Program/Activities Use Code #20-39	**Code #**	**List Name of Program/Activities**										
Non-Curricular Activities	20											
	21											
Peer-Delivered Activities	22											
	23											
Special Events	24											
Parent/Community	25											
Staff Development	26											
Student Assistance Program (SAP)	27											
	28											
	29											
	30											
	31											
	32											
	33											
	34											
	35											
	36											
	37											
	38											
	39											
Services Use Code #40-50	**Code #**	**List Name of Services**										
Intervention	40											
Contract	41											
Assessment	42											
SRO	43											
Community	44											
Resource	45											
Worker (CRW)	46											
	47											
	48											
http://www.sde.state.id.us/Safe/Grants/	49											
	50											

Indicate Code # from Inventory Page #1 in each appropriate column below   **District Name** _____

Protective Factors				Risk Factors			
Ind/Peer	Family	School	Community	Individual/Peer	Family Domain	School	Community Domain

Protective Factors columns:
- Ind/Peer: Resilient temperament; Positive social orientation
- Family: Bonding; Healthy beliefs & clear family standards for behavior
- School: Opportunities for involvement; Rewards/recognition for prosocial performance/involvement; Healthy beliefs & clear standards for behavior
- Community: Opportunities for prosocial involvement; Rewards/recognition for prosocial involvement; Health beliefs and clear community standards for behavior

Risk Factors columns:
- Individual/Peer: Rebelliousness; Friends who engage in the problem behavior; Favorable attitudes toward problem behavior; Early initiation of the problem behavior
- Family Domain: A family history of high-risk behavior; Family management problems; Family conflict; Parental attitudes and involvement in the problem behavior
- School: Early and persistent antisocial behavior; Academic failure beginning in late elementary school; Low commitment to school
- Community Domain: Availability of drugs; Availability of firearms; Community laws & norms favorable toward drug use, firearm, & crime; Transitions and mobility; Low neighborhood attachment & community disorganization; Extreme economic and social deprivation

Developmental Assets

External Assets				Internal Assets			
Support	Empowerment	Boundaries & Expectations	Constructive Use of Time	Commitment to Learning	Positive Values	Social Competencies	Positive Identity

Developmental Assets columns:
- Support: Family support; Positive family communication; Other adult relationships; Caring neighborhood; Caring school climate; Parent involvement in schooling
- Empowerment: Community values youth; Youth as resources; Service to other; Safety
- Boundaries & Expectations: Family boundaries; School boundaries; Neighborhood boundaries; Adult role models; Positive peer influence; High expectations
- Constructive Use of Time: Creative activities; Youth programs; Religious community; Time at home
- Commitment to Learning: Achievement motivation; School engagement; Homework; Bonding to school; Reading for pleasure
- Positive Values: Caring; Equality and social justice; Integrity; Honesty; Responsibility; Restraint
- Social Competencies: Planning & decision making; Interpersonal competence; Cultural Competence; Resistance skills; Peaceful conflict resolution
- Positive Identity: Personal Power; Self esteem; Sense of purpose; Positive view of personal future

http://www.sde.state.id.us/Safe/Grants/   2003-04 Comprehensive

Safe & Drug Free Schools Budgets
School Year 2005-2006

A Safe and Drug-Free Schools web-based budget application has been developed and can be used for the 2005-06 school year. This application has been developed to assist the districts to enter the data online and validate the data before sending it to the SDE. The program forms are the same as the paper copies done in the previous years, and provides the option for the budgets totals to be computed automatically.   Below are instructions on how to use the web application. Thank you for your support on this project.

Introduction

The Safe and Drug Free Schools (SDFS) web-based budget application has been designed on the same lines as the paper version used by the districts every year. The application has been developed to assist the districts in creating the budgets and computing the totals. Please note that after completing and saving the budget sheets, each budget sheet must be printed (print version of budget only) and sent to the SDE as part of the 2005-06 application package.

Login

1. On the Internet, go to the Idaho State Department of Education's Safe and Drug Free
   Schools web-based budget application system at
   http://www.sde.state.id.us/Safe/SDFSBudgets/

2. The **Login Screen** (Figure 1) appears. Select the **District:** from the list, and then enter your assigned **Password:** (same password used for the incident tracking)

3. *For technical problems or password needs, contact the Webmaster at*
   webmaster@sde.state.id.us

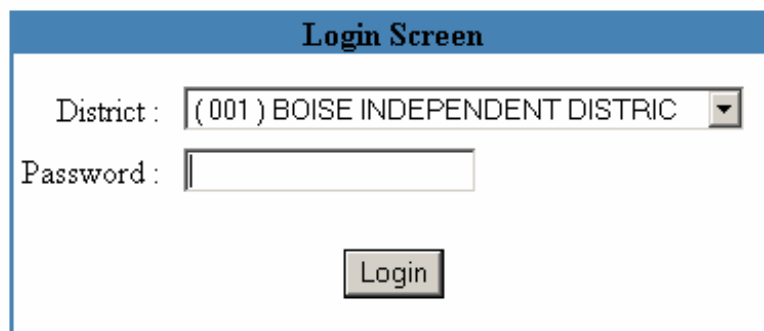4. *For all other questions or needs, please contact Nelma Plante at Nplante@sde.state.id.us*

Figure 1

1. After logging in successfully, the **Main Application Data Entry** page (Figure 2) appears. The Budget Forms 1 – 12 can be accessed by clicking the budget hyperlinks and the budget data can then be entered.

SDFS Budgets 2005-2006

Link		Description
Budget Form #1	🖨	Staff
Budget Form #2	🖨	Intervention Services (Drug testing, Contracted Services, Individual Counseling, Support/Ed groups, Drug/Alcohol Assessment)
Budget Form #3	🖨	Curriculum/ Courses
Budget Form #4	🖨	Non-Curricular Programs/ Activities (Program/ Activities - during lunch - before and after school - which emphasize or reinforce substance abuse prevention programs)
Budget Form #5	🖨	Peer Delivered Programs (Peer Mediation, Cross Age Teaching)
Budget Form #6	🖨	Special Events (Assemblies, Red Ribbon, Presentations)
Budget Form #7A, 7B & 8	🖨	Alternative School Programs; Private/ Charter School Programs Programs Servicing Students in/from Juvenile Corrections System
Budget Form #9	🖨	Staff Development (Workshops, Conferences, Trainings)
Budget Form #10	🖨	Operational Expenses (Materials, Supplies, Mailing, Indirect Costs)
Budget Form #11	🖨	Parent/ Community Programs
Budget Form #12	🖨	Volunteer Involvement
View & Print Budget Summary	🖨	View & Print Summary of all Budgets
Logout		Logout from this application

Figure 2

2. Please note for the application, data can be entered only in the shaded columns of each budget. The remaining columns would be available for data entry at the end of the school year. Data validation and totals are computed on the budget sheets as data is entered. After completing the individual budget page, remember to save the information by clicking the 'Save and Return to Budget Page' button, so that it can be accessed at a later time. Clicking on the 'Return to Budget Page' button does not save the data.

3. On the Main Application Page (Figure 2), there is an icon of a printer. Click on this icon to see the print version of the Budget sheet. This sheet has all the data entered from the data entry screen, but is in a read-only mode. Additional information such as when the data was saved and time of printing is displayed at the top of the budget sheet. The Print Version of all the budget sheets and the Budget Summary needs to be sent to the SDE as part of the 2005-06 application.

4. The 'View and Print Budget Summary' displays a summarized version of all the Budgets that have been entered. If the total budgeted and actual amounts do not match, a warning is displayed at the top of Summary page, and the user has to correct the amounts in the respective budgets. Before sending the package, please be sure that the 'Budget Summary' page does not have any warnings such as '*Total budgeted and actual amounts do not match*'.

2005 – 2006 STATE TOBACCO APPLICATION   School District _____

Program Goal: (a specific and measurable statement of desired long-term, global impact of prevention activities)						
All students will be educated in learning environments that are safe, drug-free, and conducive to learning.						
1.	**2.**	**3.**	**4.**	**5.**	**6**	**7.**
Objectives (statement of precise and measurable results)	**Performance Indicators** (Desired Outcomes indicators of results, compared to identified baseline**)**	**Baseline Number Rate** (Starting point)	**Baseline Data Source** (Example: yearend incident report. SDFS Survey Referral to offer Pre/Post tests)	**List Curriculum, Program Activities and Services** (These must be shown on your SDFS Inventory Sheets) Please list staffing if SDFS funding is being used	**Budget Form #**	**Year – End Performance Indictors (**Outcomes) (State specific measurable changes in behavior, knowledge, and attitude that the activities produced. Use data whenever possible)
1. To provide appropriate violence prevention information and programs to all K-12 student to reduce the number of fights	a. 1. To lower number of fights:by10 b. Middle Sch 15 c. High School 8	1. Fights a. 52 incidents b. 64 incidents c. 40 incidents	1. Referral to office Yearly Incident Report	Activities – Health Education 1.a. Conflict Resolution 1.b. Second Step 1.c. Plan A, Safe Strategy Program (PASS)		1. Number of fights reduced to a. 40 incidents decrease of 12 b. 48 incidents decrease of 17 c. 34 incidents decrease of 6 **FILL IN THIS COLUMN FOR YEAR-END EVALUATION**

E X A M P L E

❖ **All budgeted items must be identified in the Program Goal-Objective portion of the Application, and on the individual budget sheets.**

2005 – 2006 STATE TOBACCO APPLICATION   School District _____

Program Goal:						
1.	**2.**	**3.**	**4.**	**5.**	**6.**	**7.**
Objectives (statement of precise and measurable results)	**Performance Indicators** (Desired Outcomes indicators of results, compared to identified baseline**)**	**Baseline Number Rate** (Starting point)	**Baseline Data Source** (Example: yearend incident report. SDFS Survey Referral to offer Pre/Post tests)	**List Curriculum, Program Activities and Services** (These must be shown on your SDFS Inventory Sheets) Please list staffing if SDFS funding is being used	**Budget Form #**	**Year – End Performance Indictors (**Outcomes) (State specific measurable changes in behavior, knowledge, and attitude, that the activities produced. Use data whenever possible.:

❖ **All budgeted items must be identified in the Program Goal-Objective portion of the Application, plus recorded amounts on the individual budget sheet.**   http://www.sde.state.id.us/Safe/Grants/

Program Goal:						
1.	2.	3.	4.	5.	6.	7.
Objectives (statement of precise and measurable results)	**Performance Indicators** (Desired Outcomes indicators of results, compared to identified baseline**)**	**Baseline Number Rate** (Starting point)	**Baseline Data Source** (Example: yearend incident report. SDFS Survey Referral to offer Pre/Post tests)	**List Curriculum, Program Activities and Services** (These must be shown on your SDFS Inventory Sheets) Please list staffing if SDFS funding is being used	**Budget Form #**	**Year – End Performance Indictors (**Outcomes) (State specific measurable changes in behavior, knowledge, and attitude, that the activities produced. Use data whenever possible.)

❖ **All budgeted items must be identified in the Program Goal-Objective portion of the Application, plus recorded amounts on the individual budget sheet.**
http://www.sde.state.id.us/Safe/Grants/

2005 – 2006 STATE TOBACCO APPLICATION   School District _____

Program Goal:						
1.	**2.**	**3.**	**4.**	**5.**	**6.**	**7.**
Objectives (statement of precise and measurable results)	**Performance Indicators** (Desired Outcomes indicators of results, compared to identified baseline**)**	**Baseline Number Rate** (Starting point)	**Baseline Data Source** (Example: yearend incident report. SDFS Survey Referral to offer Pre/Post tests)	**List Curriculum, Program Activities and Services** (These must be shown on your SDFS Inventory Sheets) Please list staffing if SDFS funding is being used	**Budget Form #**	**Year – End Performance Indictors (**Outcomes) (State specific measurable changes in behavior, knowledge, and attitude, that the activities produced. Use data whenever possible.)

❖ **All budgeted items must be identified in the Program Goal-Objective portion of the Application, plus recorded amounts on the individual budget sheet.**

http://www.sde.state.id.us/Safe/Grants/

Program Goal for District Community Resource Worker (CRW):

1. **Objectives** (statement of precise and measurable results)	2. **Performance Indicators** (Desired Outcomes indicators of results, compared to identified baseline**)**	3. **Baseline Number Rate** (Starting point)	4. **Baseline Data Source** (Example: yearend incident report. SDFS Survey Referral to offer Pre/Post tests)	5. **List Curriculum, Program Activities and Services** (These must be shown on your SDFS Inventory Sheets) Please list staffing if SDFS funding is being used	6. **Budget Form #**	7. <u>**Year – End Performance Indictors (**</u>Outcomes) (State specific measurable changes in behavior, knowledge, and attitude, that the activities produced. Use data whenever possible.:

❖ **All budgeted items must be identified in the Program Goal-Objective portion of the Application, plus recorded amounts on the individual budget sheet.**

http://www.sde.state.id.us/Safe/Grants/

BUDGET FORM # 1
STAFF

School District _____
Total State Allocation $_____
Total Federal Allocation $_____

2005-2006 School Year   Application   Evaluation

List Individual Staff (Attach a sheet listing job responsibilities for each)	No.	Title	% FTE*	Salary (Include Benefits)	Stipends	BUDGETED AMOUNTS			ACTUAL EXPENDITURES		
						State	Federal	Other	State	Federal	Other
Coordinator											
Counselor											
Prevention Specialist /Interventionist											
Advisor-Clubs/Organizations											
Support Staff											
CRW – Funded by SDFS											
DARE - Funded by SDFS*											
DARE - Not funded by SDFS											
SRO's Funded by SDFS*											
SRO's Not funded by SDFS											
Other: (List-use separate sheet if necessary)											

*Include complete job description

TOTAL STAFF NUMBERS BUDGETED/ACTUAL COSTS											

Complete columns as indicated. Total costs expended during the year.
*FTE = Full Time Equivalent (Employee)-Include in this category the staff under district contract

http://www.sde.state.id.us/Safe/Grants/

BUDGET FORM # 2

INTERVENTION SERVICES (Drug Testing, Contracted Services **School District** _____
Individual Counseling, Support/Ed Groups, Drug/Alcohol Assessment) **Total State Allocation $_____**
Total Federal Allocation $_____

2005-2006 School Year

Program or Service Name	Brief Description	Grade Level	Number Students Served	App Check if Contracted	Application BUDGETED AMOUNTS			Evaluation ACTUAL EXPENDITURES		
					State	Federal	Other	State	Federal	Other
Drug Testing										
Support Groups										
Drug/Alcohol Assessments-inside										
Drug/Alcohol Assessments-outside										
Please Show Intervention Totals On This Line										

BUDGET FORM # 3
CURRICULUM OR COURSE NAME
*lease list all substance abuse prevention curriculum programs being implemented **even if money has not been allocated for those programs this year.***

Curriculum or Course Name	Grade Level	Evaluation # OF STUDENTS			Application BUDGETED AMOUNTS			Evaluation ACTUAL EXPENDITURES		
		K-6	7-9	10-12	State	Federal	Other	State	Federal	Other
DARE										
Health Ed										
Driver Ed-Vision Goggles										
Biology/Science Classes										
Great Body Shop										
Second Step-Violence Prevention										
Here's Looking at You (HLAY)										
Total Number of Students										

Please Show Total Curriculum Costs On This Line									

BUDGET FORM # 4

NON-CURRICULAR PROGRAMS/ ACTIVITIES

Program/Activities – during lunch—before and after school**--**
Which emphasize or reinforce substance abuse prevention programs:

2005-2006 School Year

School District _____
Total State Allocation $_____
Total Federal Allocation $_____

Non-Curricular Prog./ Activities Name	Brief Description	Grade Level	# OF STUDENTS			BUDGETED AMOUNTS			ACTUAL EXPENDITURES		
			K-6	7-9	10-12	State	Federal	Other	State	Federal	Other
After School Program											
Total Number of Students											

Above column group headers: Evaluation | Application | Evaluation

Please Show Total Activities Costs On This Line								

1.   **For Application fill in the name of the activity, brief description and grade along with the Budgeted Amounts.**
2.   **For Evaluation complete the columns relating to number of students and Actual Expenditures costs. Subtotal each of the columns.**

http://www.sde.state.id.us/Safe/Grants/

BUDGET FORM # 5
PEER-DELIVERED PROGRAMS
(Peer Mediation, Cross Age Teaching)

School District _____
Total State Allocation $_____
Total Federal Allocation $_____

2005-2006 School Year

Program Name	Brief Description	Grade Level	# of Students (Evaluation)			BUDGETED AMOUNTS (Application)			ACTUAL EXPENDITURES (Evaluation)		
			K-6	7-9	10-12	State	Federal	Other	State	Federal	Other
Natural Helpers											
IDFY											
SADD											
Number Of Students											
Budget/Actual Totals											

BUDGET FORM # 6
SPECIAL EVENTS (Assemblies, Red Ribbon, Presentations**)**
Funding cannot be used for purchasing T-shirts!

Event Name	Brief Description	Grade Level	Number of Students (Evaluation)			BUDGETED AMOUNTS (Application)			ACTUAL EXPENDITURES (Evaluation)		
			K-6	7-9	10-12	State	Federal	Other	State	Federal	Other
Red Ribbon											
Special Presentations											
Celebrate Graduation											
Number Of Students											
Budget/Actual Totals											

http://www.sde.state.id.us/Safe/Grants/

BUDGET FORM # 7A
ALTERNATIVE SCHOOL PROGRAMS

School District_____
Total State Allocation _____
Total Federal Allocation_____

2005-2006 School Year   Evaluation   Application   Evaluation

School Name / Program	Brief Description	Grade Level	# OF STUDENTS			BUDGETED AMOUNTS			ACTUAL EXPENDITURES		
			K-6	7-9	10-12	State	Federal	Other	State	Federal	Other
Number of Students/Budget/Actual Totals											

BUDGET FORM # 7B
PRIVATE/CHARTER SCHOOL PROGRAMS *included in District Comprehensive Programs*

School Name/ Program	Brief Description	Grade Level	# OF STUDENTS			BUDGETED AMOUNTS			ACTUAL EXPENDITURES		
			K-6	7-9	10-12	State	Federal	Other	State	Federal	Other
Number of Students/Budget/Actual Totals											

BUDGET FORM # 8
PROGRAMS SERVICING STUDENTS IN/FROM JUVENILE CORRECTIONS SYSTEM

Name/ Program	Brief Description	Grade Level	# OF STUDENTS			BUDGETED AMOUNTS			ACTUAL EXPENDITURES		
			K-6	7-9	10-12	State	Federal	Other	State	Federal	Other
Number of Students/Budget/Actual Totals											

It is Legislative Intent that schools and county juvenile probation services act in concert to deliver services to affected youth in the most efficient manner and avoid duplication and competition of programs.

Do you have a joint collaborative program with County Juvenile Corrections?   _____Yes   _____No

http://www.sde.state.id.us/Safe/Grants/

BUDGET FORM # 9
STAFF DEVELOPMENT
  (Workshops, Conferences, Trainings**)**

School District _____
Total State Allocation $ _____
Total Federal Allocation $ _____

2005-2006 School Year

	Evaluation	Application BUDGETED AMOUNTS			Evaluation ACTUAL EXPENDITURES		
Workshop, Conference, Training Name	**Number of Participants**	**State**	**Federal**	**Other**	**State**	**Federal**	**Other**
September SDFS Kick-Off (Sept 2005)							
Prevention Conference - Sun Valley (April 2006)							
Substance Signs/Symptoms Training							
Training & Workshop							
Please Show # of Participants/ Budgeted/Actual Totals							

BUDGET FORM # 10
OPERATIONAL EXPENSES (Materials, Supplies, Mailing, Indirect Costs)

		Application BUDGETED AMOUNTS			Evaluation ACTUAL EXPENDITURES		
Item Names	**Brief Description**	**State**	**Federal**	**Other**	**State**	**Federal**	**Other**
Materials & Supplies							
Mailing							
Evaluation Expenses							
PLEASE SHOW OPERATIONAL TOTALS ON THIS LINE							

http://www.sde.state.id.us/Safe/Grants/

BUDGET FORM # 11
PARENT/COMMUNITY PROGRAMS

School District _____
Total State Allocation $_____
Total Federal Allocation $_____

2005-2006 School Year

		Evaluation	Application BUDGETED AMOUNTS			Evaluation ACTUAL EXPENDITURES		
Name Of Program	**Brief Description**	Number People	State	Federal	Other	State	Federal	Other
Parent Project								
Parents Who Care								
Love and Logic								
Please Show Total Number Of People And Budgeted/Actual Totals On This Line								

BUDGET FORM #12   VOLUNTEER INVOLVEMENT
Complete for Evaluation Only

		Evaluation	Evaluation	Evaluation
Name Of Activity	**Brief Description**	**Total Volunteers**	**Total Time Donated**	**Expenses (if any) Brief Description**
District SDFS Advisory Board				
Mtgs/yr Avg Mtg Length				
Celebrate Graduation				
IDFY Volunteers				
Red Ribbon Week				
Please Show Total Number Of Volunteers/ Total Time Donated And Expenses On This Line				

http://www.sde.state.id.us/Safe/Grants/

BUDGET FORM # 13
SUMMARY

School District _____
Total State Allocation $_____
Total State 2004-2005 Carryover $_____
Total Federal Allocation $_____
Total Federal 2004-2005 Carryover$_____

APPLICATION
Do Not Budget Carryover
Budget for 2005-2006 Allocation Only

EVALUATION
Include 2004-2005 Carryover

2005-2006 School Year

SUMMARY	BUDGETED AMOUNTS			ACTUAL EXPENDITURES*		
Budget Items	**State**	**Federal**	**Other**	**State**	**Federal**	**Other**
(Amounts on this page should match Individual Budget Page totals)						
1 STAFF/LAW ENFORCEMENT						
2 INTERVENTION SERVICES						
3 CURRICULUM						
4 NON-CURRICULAR ACTIVITIES						
5 PEER-DELIVERED PROGRAMS						
6 SPECIAL EVENTS						
7A ALTERNATIVE SCHOOLS						
7B PRIVATE/CHARTER SCHOOLS						
8 JUVENILE CORRECTIONS						
9 STAFF DEVELOPMENT						
10 OPERATIONAL EXPENSES						
11 PARENT/COMMUNITY						
12 VOLUNTEERS						
TOTALS ON THIS LINE						

Please be sure that budget and actual expenditure amounts match total amounts shown on individual budget forms!

Budget for 2005-2006 Allocation Only – Do Not Include Carryover!

http://www.sde.state.id.us/Safe/Grants/

TRACKING FORM #14   **IDAHO SCHOOL DISTRICT DRUG TESTING**
School Year 2005-2006   http://www.sde.state.id.us/Safe/Grants/

SCHOOL DISTRICT _____**#**_____

CONTACT PERSON _____**Ph** _____ .

_____**NO District Drug Testing of *any kind** is being used at this time** (submit form with SDFS Application/Evaluation).

- ❖ If District Drug Testing, please check YES in all areas that apply to your district's policy.
- ❖ Submit district policies covering areas indicated along with Drug Testing Form with the SDFS Application/Evaluation.

*TYPE OF STUDENT DRUG TEST *(May test in more than one area, please mark accordingly)*	YES		PARTICIPATING GRADES	YES
Voluntary test at Parent Request			All Grades, K-12	
			Grades K - 6	
All students, randomly			Grades 7-9	
All interscholastic athletes, mandatory/random			Grades 9-12	
All interscholastic athletes, voluntary			Grades 10-12	
All extra-curricular activities, mandatory/random			Alternative School 7-9	
All extra-curricular activities, voluntary			Alternative School 10-12	
IDFY Members – extra-curricular activities				
			TESTS ADMINISTERED BY	
CONSENT FORM HAS TO BE SIGNED BY			Principals	
Student			Nurse	
Parent/Guardian			Non-school personnel/SRO	
Must be Notarized			Other school personnel	
TESTS FUNDED BY				
If Safe & Drug Free School Grant *(Please show Number tested & number positive in section below)*			**TEST EVALUATION BY** *(please name location)*	
Parent/Student			District On Site Testing	
School General Fund			Local Lab	
Other (please specify)			In State Lab	
			State Forensic Lab	
			Out of State Lab	

TEACHER/ADMINISTRATION DRUG TESTING *(do not include bus drivers)*	Voluntary	Mandatory
Administrators		
Teachers		
Support Staff		

EVALUATION	2005-2006	COST FOR TESTS	2005-2006
NO. OF STUDENTS TESTED	#	Cost Per Kit	$
NO. OF POSITIVE TESTS	#	**Total Year Actual Expenses for Drug Testing** *(kits, lab, administering, etc.)*	$

Please complete number of students tested including IDFY, Reasonable Suspicion and Parent Request if available!
ANOTHER REMINDER: *IF YOU STARTED DRUG TESTING IN 2005-2006,* **PLEASE SEND THE SCHOOL DISTRICT DRUG TESTING POLICIES!**

Budget Form #15   **Revised Budget Request**

SAFE AND DRUG-FREE SCHOOLS
Revised Budget Request

School District/Region_____   **Date** _____

Contact Person   _____

E-Mail   _____

Phone   _____   **Fax** _____

Please complete columns for any budget categories being changed

Category	Budget		Revised Budget	
	State	Federal	State	Federal
1 Staff/Law Enforcement				
2 Intervention				
3 Curriculum,				
4 Non-Curricular				
5 Peer Delivered				
6 Special Events				
9 Staff Development				
10 Operational Expenses				
11 Parent/Community				
Other				

Reason/Explanation: (Include how this meets needs assessment and goals/objectives.) If more space is needed, please attach an additional page.

_____

_____

_____

_____

_____

_____

Approved: [   ]   **Not Approved:** [   ]

_____   **Date:** _____
SDFS Office Signature

Fax or Mail to: **Claudia Hasselquist, Coordinator**
                                        Safe and Drug-Free Schools
                                        State Department of Education
                                        P. O. Box 83720, Boise, ID 83720-0027
                                        208-332-6960   Fax: 208-334-2229
                                        http://www.sde.state.id.us/Safe/Grants/

TRACKING FORM INSTRUCTIONS

Building Incident Tracking Assurance Form
  A form that needs to be signed by the Building Administrator to show that the SDFS year-end incident report for their building has been checked for accuracy and has been approved for final submitting by the SDFS Coordinator. Signed/dated Assurance Pages will need to be collected and submitted with required 2005-06 Evaluation.

District SAP Tracking Forms #16, #16A, #16B, #16C are Group Evaluation Data Forms that need to be distributed at the beginning of the school year to the responsible person in each building and then completed from SAP Student Surveys and totals submitted as part of the evaluation packet.

Participating in Community Resource Worker (CRW) Program
  #16D is the CRW District Referral Evaluation Tracking Form to be distributed at the beginning of the school year to the responsible person in each building **(if participating)** to be completed and submitted with year-end evaluation packet.

#17A, #17B and #17C are **SAP Student Surveys/Evaluations** that need to be distributed at the beginning of the school year to the responsible person in each building. These are for the referred students to complete at the end of a session.

Incident Tracking Forms #18-21B
  At the end of the school year, each building will have to input their data from Forms #18 through #21B into the SDFS web-based program. This will be the only way to submit SDFS incident tracking data for the 2005-06 year-end evaluation requirements

  At the beginning of the school year, Incident Tracking Forms #18 - #21B need to be distributed to the responsible person in each building. Tracking will need to be done throughout the year.

  A number of computer tracking programs may be used as long as all the incident information found on the hard copy is being tracked. An SDFS web-based tracking program is available on the Department's web site at the beginning of the school year and can be used throughout the year.

  Each building principal will use their **accreditation password** to access the data website and each SDFS coordinator will also receive a **password**, but only to view data. Website instructions will be provided later and will be posted on the website at the beginning of the school year.

SAFE AND DRUG-FREE SCHOOLS PROGRAM
2005 –2006
Building Incident Tracking Assurance Form

School District Name: _____   District Number_____

School Name: _____   School Number _____

I hereby assure the Idaho Department of Education that:

- The SDFS year-end incident report for this building has been checked for accuracy and been approved for final submitting.

_____

Signature – Building Administrator   Date

_____

Printed Name – Building Administrator   Date

This one-page assurance form **must be given** to your district Safe and Drug-Free School Program Coordinator. This is a requirement for year-end reporting. Without this signed assurance form, approval for next year's program funding may not be approved.

For questions regarding this form please contact your district Safe and Drug-Free School Coordinator.

_____   _____

(District SDFS Coordinator)   (Contact Information)

The deadline for submitting the incident reports and signed assurance form to SDE is the third Friday of June. However, schools need to coordinate with their SDFS district coordinator, with regards to District incident data collection deadlines.

Evaluation, District Report   **ANNUAL DISTRICT TABULATION TOTALS**
SAP Tracking Report Form # 16   **STUDENT ASSISTANCE REFERRALS**   **School District**_____
                              (*Reported referrals for substance abuse and high-risk behavior*)

2005-2006 School Year

Referral Sources	School Personnel	Parents	Self	Peers	Other	Totals
TOTALS						

Total number of Referrals from above chart

Students Served	Total # Students
Caucasian	
Hispanic	
Native American	
Other:	
1.	
2.	

Number of in school student Assessments

  a. **Substance Abuse Issues**   _____

  b. **Safety and Violence Issues**   _____

**Number of students referred
For off campus treatment**   _____

+++
DISTRICT OFFERING SUPPORT GROUPS (**2005-06)** – Please fill out the below information

<u>**TOTAL NUMBER**</u> **of support groups offered:**

      # groups in District   _____   total participants _____
      # groups in Elementary _____   total participants _____
      # groups in Mid/Jr. High _____   total participants _____
      # groups in Senior High _____   total participants _____

Please indicate grade level group(s) were offered: E – Elementary **M –** Middle School **Jr –** Junior High School   **H –** High School

Anger	Grief	School Leadership
Blended Families	Intervention	Self-esteem
Children of Divorce	New Students	Suicide
Co-dependent	Non-use	Teen Parent
Communication	Persons/children of substance abusers	Transition (moving, drop-out)
Cultural Transition	Physically and sexually abused	Users
Eating Disorders	Recovery/sobriety	Other
General concern/personal growth	Relationships	Other

http://www.sde.state.id.us/Safe/Grants/

DISTRICT Student Support Group Year-End Evaluation

Submit with Evaluation a **Separate Total District Report** for **each** school level.

Check the School level of these results:
(please place a zero by the school level if your district does not offer group at that particular level

Elementary   _____
Jr/Middle   _____
High School   _____

DISTRICT <u>TOTAL</u> GROUP EVALUATION RESULTS PER SCHOOL LEVEL

What effect has the student support group had:	**Total # Yes**	**Total # No**
1. Increased your ability to find new positive ways to deal with problems		
2. Increased your feelings of self-worth (how I feel about myself)		
3. Positive effect on school attendance		
4. Positive effect on overall school work		
5. If you have considered dropping out of school, have the group sessions helped you stay in school?		
6. Have you used tobacco, alcohol or other drugs?		

If #6 is yes, what effect has the support group had upon your use of tobacco, alcohol or other drugs?   (Place **totals** in appropriate box below)

Tobacco		**Alcohol**		**Other Drugs**	
Have stopped using		Have stopped using		Have stopped using	
Have decreased my use		Have decreased my use		Have decreased my use	
No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems	
No effect upon my use		No effect upon my use		No effect upon my use	

DISTRICT <u>TOTAL</u> ELEMENTARY SUPPORT GROUP
YEAR-END EVALUATION
(Submit this form with Evaluation)

District <u>TOTAL</u> Group Evaluation Results for Elementary

	Group Has Had An Effect On:	Total Number **YES**	Total Number **NO**
1.	Finding positive new ways to deal with your problems		
2.	Your feelings about yourself		
3.	Making good friendships		
4.	Getting along with other students		
5.	Your attendance at school		
6.	Your school work and grades		
7.	Your attitude toward school		

http://www.sde.state.id.us/Safe/Grants/

Coord: Prel and ElemGrp Eval Form

DISTRICT TOTAL PRESCHOOL AND ELEMENTARY STUDENT SURVEY
(Submit Form with Evaluation**)**

1,   Color a face that shows how you felt before you started coming to this group.

HAPPY   **SAD**   **MAD**   **AFRAID**

Total #_____   **Total # _____**   **Total #_____**   **Total # _____**

2.   Color a face that shows how you felt after coming to this group.

HAPPY   **SAD**   **MAD**   **AFRAID**

Total #____   **Total # _____**   **Total #____**   **Total #_____**

3.   Color a face that shows how you feel about yourself now.

HAPPY   **SAD**   **MAD**   **AFRAID**

Total # ____   **Total # _____**   **Total # _____**   **Total #_____**

4.   Color a face that shows how you think you will feel next week.

HAPPY   **SAD**   **MAD**   **AFRAID**

Total # ____   **Total # ____**   **Total # ____**   **Total #_____**

5.   Color a face that shows if you want to be in a group again.

HAPPY   **SAD**   **MAD**   **AFRAID**

Total # _____   **Total # _____**   **Total #_____**   **Total # _____**

You may tabulate total district responses for preschool/elementary schools on this form!

Community Resource Workers
ANNUAL DISTRICT TABULATION TOTALS

District_____

REFERRAL SOURCES	Number of students referred	Number of referred screening completed	Number referrals made to Emergency Assistance	Number of completed interventions	Number of families who decline services	Totals
3-4 years of age						
5 years of age						
First grade						
Second grade						
Third grade						
Fourth grade						
Fifth grade						
Sixth grade						
Others include Grade level						
TOTALS						

Total number from above chart

Students Served	Total # Students
Caucasian	
Hispanic	
Native American	
Asian	
Other	
1.	
2.	
3.	
4.	
5.	
6.	

Additional SDFS Report Required for CRW

- Job Description
- Summary data sheet of services provided
- Minutes of monthly consultation meetings (no name included)
- Goal and objective page for application
- Outcomes recorded on goal page

STUDENT ASSISTANT PROGRAM GROUP EVALUATION

STUDENT SURVEY

Group name_____# of sessions attended_____

School _____

Grade: Elem _____   Jr/Middle _____   High School   _____

What effect has the student support group had:

	(Please place ✓check in box)	**Yes**	**No**
1.	Increased your ability to find new positive ways to deal with problems		
2.	Increased your feelings of self-worth (how I feel about myself)		
3.	Positive effect on school attendance		
4.	Positive effect on overall school work		
5.	If you have considered dropping out of school, have the group sessions helped you stay in school?		
6.	Have you used tobacco, alcohol or other drugs?		

 If #6 is yes, what effect has the support group had upon your use of tobacco, alcohol or other drugs? (Please place ✓ in appropriate box below)

	Tobacco		**Alcohol**		**Other Drugs**
	Have stopped using		Have stopped using		Have stopped using
	Have decreased my use		Have decreased my use		Have decreased my use
	No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems
	No effect upon my use		No effect upon my use		No effect upon my use

Thank you

STUDENT ASSISTANT PROGRAM SUPPORT GROUP EVALUATION

Elementary School Student Survey

School   _____

Group Name _____

Date _____

	Group Has Had An Effect On:	YES	NO
1.	Finding positive new ways to deal with your problems		
2.	Your feelings about yourself		
3.	Making good friendships		
4.	Getting along with other students		
5.	Your attendance at school		
6.	Your school work and grades		
7.	Your attitude toward school		

http://www.sde.state.id.us/Safe/Grants/

Coord: Prel and ElemGrp Eval Form

STUDENT ASSISTANCE SUPPORT GROUP EVALUATION
Preschool and Elementary Student Survey

School_____Group_____ Date_____

1,   Color a face that shows how you felt before you started coming to this group.

HAPPY   **SAD**   **MAD**   **AFRAID**

2.   Color a face that shows how you felt after coming to this group.

HAPPY   **SAD**   **MAD**   **AFRAID**

3.   Color a face that shows how you feel about yourself now.

HAPPY   **SAD**   **MAD**   **AFRAID**

4.   Color a face that shows how you think you will feel next week.

HAPPY   **SAD**   **MAD**   **AFRAID**

5.   Color a face that shows if you want to be in a group again.

HAPPY   **SAD**   **MAD**   **AFRAID**

Web-Based Incident Tracking Forms Instructions: #18 - 21-b

At the end of the school year, each building will have to input their data into the web-based program. This will be the only way to submit SDFS incident tracing data for the 2005-06 year-end evaluation requirements.

Deadline for submitting this report is the third Friday of June.

Login
1. On the Internet, go to the Idaho State Department of Education's Safe and Drug Free Schools web-based incident tracking system at
   http://www.sde.state.id.us/Safe/SDFSTracking/

2. Click on the appropriate application link. The **Login Screen** (Figure 1) appears.   Select the **District:** and the **School:** from the list, and then enter the assigned **Password:** (principal's school accreditation password)

3.   SDFS Coordinators will have a unique password to <u>only view the data</u>.

4. A blank copy of the Tracking Forms can be downloaded from the Login page along with instructions for completion.

5. *For technical problems or password needs, contact the Webmaster at webmaster@sde.state.id.us*

6. *For all other questions or needs, contact sdfsincident@sde.state.id.us*

Deadline for Final Submit is the third Friday of June.

After successfully submitting the incident forms using the "Final Submit" link, the Schools need to download and send the Signed Assurance Page to the district Safe a Drug-Free Schools coordinator.

All schools assurance pages must be included in the program evaluation packet that is mailed into the state SDFS office.

TRACKING REPORT FORM # 18
SUBSTANCE INCIDENT REPORT   School District Name & Number_____
2005-2006 School Year   School Name _____
(Please report number of separate occurrences plus consequences if
Out of School Suspension or Expulsion was implemented)

Key: Dis. = Distribution   NEW *Consequences:
**   Use   *O-Sc. = Out of School Suspension**
**   Poss. = Possession   *Exp. = Expulsion**

Grade	Tobacco					Alcohol					Other Drugs				
	Dis.	Use	Poss.	*O-Sc.	*Exp.	Dis.	Use	Poss.	*O-Sc.	*Exp.	Dis.	Use	Poss.	*O-Sc.	*Exp.
K															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
TOTALS															

Definitions:
Alcohol – Any product containing at least 0.5 alcohol by volume or weight. Examples include beer, wine and spirits (vodka, gins, whiskey, etc.)
Tobacco – A product containing tobacco in any form
Other Drugs – A substance regulated by the Controlled Substances Act, examples, marijuana, meth, PCP, designer drugs, heroin, etc.

Distribution: The actual, constructive, or attempted sale, transfer, delivery or dispensing of a prohibited substance to another person.
Use: Inhalation, injection, or consumption of a prohibited substance.
Possession: To bring, or cause to be brought, or exercise dominion and control over a prohibited item on to school property, a vehicle being
   used for school provided transportation, or on to the site of a school sponsored activity, regardless of location..
*Out-of-School Suspensions – Prohibiting school attendance for fewer than ten consecutive days
*Expelled Students – Prohibiting school attendance, without services and not being placed in an alternative setting, for ten or more consecutive
   school days.   *http://www.sde.state.id.us/Safe/Grants*

TRACKING REPORT FORM # 19 School District Name & Number _____
BEHAVIORAL INCIDENT REPORT School Name _____
2005-2006 School Year

Key – # Inc = # of Incident per grade, New Offenders, Rpt = Repeat Offenders

	IN SCHOOL SUSPENSIONS -				OUT OF SCHOOL SUSPENSIONS -				TRUANCIES					EXPULSIONS (do not include non-firearm weapon/firearm)					FIGHTS				
	Male		Female		Male		Female			Male		Female			Male		Female			Male		Female	
	New	Rpt	New	Rpt	New	Rpt	New	Rpt	# Incid	New	Rpt	New	Rpt	# Incid	New	Rpt	New	Rept	# Inc	New	Rpt	New	Rpt
K																							
1																							
2																							
3																							
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9																							
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11																							
12																							
Tot																							

1. **In School Suspensions** – The assignment of a student to a restrictive program within the student's regular school day based upon the student's misbehavior.
2. **Out-of-School Suspensions** – Prohibiting school attendance for fewer than ten consecutive days.
3. **Truancies** – Unauthorized absence from an assigned class or activity during school hours. For reporting purposes, include any truancy where parents are notified in writing or any other administrative action is taken.
4. **Expulsions** – Prohibiting school attendance, without services and not being placed in an alternative setting, for ten or more consecutive school days.
5. **Fights** – Pushing, shoving, challenging to fight or fighting.

http://www.sde.state.id.us/Safe/Grants/

Directions:
  A. **# Incident (Incid) =** total number of incidents that occur per grade
  B. **Male or Female** = number of individuals involved in each incident by gender
  C. **New =** first offense by student
  D. **Repeat (Rept)=** second/additional offenses by same student

Evaluation

TRACKING REPORT FORM # 20

BEHAVIORAL INCIDENT REPORT

2005-2006 School Year

School District Name & Number _____

School Name _____

KEY –# Inc = Total # of Incidents per grade, New = New Offenders, Rept = Repeat Offenders

	INSUBORDINATION					HARASSMENT					BULLYING					VANDALISM				
	Male			Female		Male			Female		Male			Female		Male			Female	
	# Incid	New	Rept	New	Rept	#Incid	New	Rept	New	Rept	#Incid	New	Rept	New	Rept	# Incid	New	Rept	New	Rept
K																				
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
Tot																				

1. **Insubordination** - Verbal abuse, failure to follow verbal instructions and/or requests.
2. **Harassment** - Includes conduct whether verbal, written, graphic, or physical relating to student's race, national origin, color, disability or sex that is sufficiently severe, pervasive or persistent.
4. **Bullying** -Intentional, repeated hurtful acts, words or other behavior such as name-calling, threatening and/or shunning committed by one or more persons against another.
4. **Vandalism** - Intentionally causing damage, defacement, or destruction of property owned or under the lawful control of another without that person's consent.

Directions:
- E. **# Incident (Incid) =** total number of incidents that occur per grade
- F. **Male or Female** = number of individuals involved in each incident by gender
- G. **New =** first offense by student
- H. **Repeat (Rept)=** second/additional offenses by same student

http://www.sde.state.id.us/Safe/Grants/

TRACKING REPORT FORM #21A

School Building Name _____   **School District Name** _____   **District #** _____

Type of Incident / Grade	Non Firearm Weapon — Knives	Non-firearm weapons (Identification of weapon required, i.e., pencil, pin, fork, etc.)	Consequences — Out of School Suspension	Expelled	Expulsion Consequence — Expelled for Full Year	Modified Expulsion Time	To Alternative School	Firearms — Handguns	Rifles/ Shotguns	*Explosives Type or Description Required	Consequences — Out of School Suspension	Expelled	Expulsion Consequence — Expelled for Full Year	Modified Expulsion Time	To Alternative School
K															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
Totals															

Definitions:

Non Fire-Arm Weapons – Items used as weapons plus, toy guns, BB guns, Pellet Guns, Air Pistols, Paint Guns, etc.
   Knife – An object with a sharpened edge, or a pocketknife with a blade length of greater than 2 1/2 inches.
   Other Weapon – All objects, devices, instruments, materials or substances used or intended to be used to inflict death or serious bodily injury.

Firearms – only include center fire or rim fire cartridge firing weapons.
   Handgun – A firearm having a short stock designed to be held and fired by the use of a single hand.
   Rifle- A firearm intended to be fired from the shoulder and to use the energy of an internal explosion to fire a projectile through a rifled bore.
   Shotgun – A firearm intended to be fired from the shoulder and to use the energy of the explosive in a shotgun shell to fire either a number of ball shot or a single slug through a smooth bore.
   Other Firearm/Explosive Device – any weapon which will or is designed to or may readily be converted to expel a projectile by the action of any explosive. This category includes:
   • Explosive or incendiary devices such as hand grenades, bombs, detonating primers, blasting or percussion caps, friction primers, pyrotechnic fuses, etc.
   • Rockets or missiles with a charge of more than 4 ounces
   • Devices that can be easily converted to firearms.
Out-of-School Suspensions – Prohibiting school attendance for fewer than ten consecutive days
Expelled Students – Prohibiting school attendance, without services and not being placed in an alternative setting, for ten or more consecutive school days.
Expulsion time modified – Shortened to a term of less than one calendar year.   http://www.sde.state.id.us/Safe/Grants/

TRACKING REPORT FORM #21B

School Building Name_____   **School District Name** _____   **District #**_____

Enrollment as of 1st Friday of March_____   APPLYS ONLY TO EXPELLED AND/OR CONVICTED STUDENT INCIDENTS

Type of Incident	Aggravated Arson	Aggravated Assault	Aggravated Battery	Federal Gun-Free Act Violations	Homicide	Kidnapping First-Degree	Robbery	Sexual Offense	Stalking	Threats of or Actual Physical Injury
Grade										
K										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
TOTALS										

> **In the context of the No Child Left Behind Act of 2001 (ESEA), an Idaho public elementary or secondary school is considered to be persistently dangerous if it meets the following criteria: In each of three consecutive years, there is one instance of: Homicide, Sexual offense, Kidnapping or the school exceeds an expulsion rate of: 1% of the student body; or 3 students, whichever number is greater, for violent criminal offenses or for violations of federal or state gun free schools requirements on school property or at school sponsored events while school is in session.**

NCLB – *Expelled and/or Convicted Incidents Only* **Persistently Dangerous - Violent Criminal Offense –**
Conduct which could be charged as a felony or misdemeanor involving incidents defined below:

1. **Aggravated Arson**: Burning or damaging by fire or explosion a structure or real or personal property, resulting directly or indirectly, in great bodily harm, permanent disability, permanent disfigurement or death of any person, regardless of intent or lack of intent to cause such harm. Ref.: Idaho Code § 18-802.
2. **Aggravated Assault –** An assault with a deadly weapon or instrument, without the intent to kill, or an assault by any means or force likely to produce great bodily harm. Ref.: Idaho Code § 18-905
3. **Aggravated Battery –** (a) An assault causing great bodily harm, permanent disability or permanent disfigurement; or (b) uses a deadly weapon or instrument; or (c) uses any vitriol, corrosive acid, or a caustic chemical of any nature; or (d) uses any poison or other noxious or destructive substance or liquid; or (e) upon the person of a pregnant female, causes great bodily harm, permanent disability or permanent disfigurement to an embryo or fetus. Ref.: Idaho Code § 18-907
4. **Federal Gun Free Act Violations** – Federal Gun Free Act Violations on school property or at school sponsored events while school is in session.
5. **Homicide –** The unlawful killing of a human being.
6. **Kidnapping – First Degree** - Any kidnapping committed for the purpose of: -obtaining money, property or any other thing of value for the return or disposition of such person -raping, or committing the infamous crime against nature; -committing serious bodily injury upon the person kidnapped; -committing any lewd and lascivious act upon any child under the age of sixteen.
7. **Robbery –** Robbery is the felonious taking of personal property in the possession of another, from his person or immediate presence, and against his will, accomplished by means of force or fear. Ref.: Idaho Code § 18-6501 (Note: Robbery differs from theft because of the physical presence of the victim and the force or fear component involved in the perpetrator taking the property from the victim against his will.)
8. **Sexual Offense –** Rape, crime against nature, forcible sexual penetration by use of foreign object, sexual abuse of a child under the age of sixteen, ritualized abuse of a child, sexual exploitation of a child, lewd conduct with a minor child under sixteen, or sexual battery of a minor child sixteen or seventeen year of age.
9. **Stalking** – Any person who willfully, maliciously and repeatedly follows or harasses another person.
10. **Threat of or Actual Physical Injury –** To express an intent, through word or action to inflict harm upon another's person, coupled with the apparent ability to do so, and doing some act which creates a well-founded fear in such other person that such violence is imminent**.**